

Tennessee Department of Agriculture Organic Certification Cost Share Program

The Organic Certification Cost Share Program seeks to defray the cost of organic certification for producers, processors, and handlers of organic agricultural products in Tennessee. The Tennessee Department of Agriculture will reimburse each eligible producer, processor, or handler for up to **75%** of organic certification costs, not to exceed **\$750**.

Certification Procedure:

1. Producer or agribusiness obtains "Certification Application Packet" from accredited certifying agent of their choice.
 2. Producer or agribusiness pays applicable fees and submits completed application.
 3. Certifying agent reviews application for certification eligibility.
 4. Inspector, assigned by certifying agent, conducts on-site inspection of the applicant's operation.
 5. Certifying agent reviews the information submitted by the applicant and the inspector's report. If review and inspection show compliance with the requirements, the agent will issue a certificate.
- *Certified operations must submit updated organic plan, pay fees, and be re-inspected each year.*
 - *USDA or the certifying agent may conduct unannounced inspections at any time to enforce the National Organic Program (NOP) regulations.*
 - *Certifying agents or USDA will conduct residue tests of organic products if there is reason to believe that products have been contaminated with prohibited substances.*

Documents Needed for Cost Share Reimbursement:

- Organic Cost Share Application
- Copy of Certification
- W-9 Form
- Invoice Statement from Certifying Agency

Need Additional Assistance?

Contact: Jon Frady
Tennessee Department of Agriculture
Phone: (615) 837-5344
E-Mail: Jon.Frady@tn.gov

Tennessee Organic Certification Cost Share Application

Date:			Office Use Only – Date Received		
APPLICANT INFORMATION					
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	SSN or Federal Tax ID:
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	
Name of Operation:			Location of Operation (County):		
Mailing address (street, town, zip):			Home Phone #:		
			Cell Phone #:		
Address of operation (street, town, zip), if different than above:			E-mail address:		
			Website:		
Total Amount of Certification Cost:			What organic products do you currently produce?		
\$ _____					
	<ul style="list-style-type: none"> <i>I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief.</i> <i>I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.</i> 				
	Producer Signature			Date	
	Mail to:	TN Dept. of Agriculture Attn: Marketing – Jon Frady P.O. Box 40627 Nashville, TN 37204	To Be Included In Mailing: <ul style="list-style-type: none"> Application Copy of Certification W-9 Form Invoice Statement from Certifying Agency 		
	Contact:	Jon Frady Organic Marketing Specialist (615) 837-5344 <u>Jon.Frady@tn.gov</u>			
OFFICE USE ONLY					
Date of Approval:				Amount Approved:	
Notes:					

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name _____ Phone Number _____

Business Name _____

Address _____

City, State and ZIP Code _____

Circle the Applicable Account Type Below: (Please circle only one)

1. Individual (not an actual business)
2. Joint account (two or more individuals)
3. Custodian account of a minor
4. a) Revocable savings trust (grantor is also trustee)
b) So-called trust account that is not a legal or valid trust under state law
5. Sole proprietorship -with no other employees -(SSN below)
6. Sole proprietorship -with 1 or more employees -(EIN below)
7. A valid trust, estate or pension trust
8. Corporation
9. Association, club, religious, charitable, educational or other tax exempt organization
10. Partnership
11. A broker or registered nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments.

If you circled number 1-5 above, fill in your Social Security Number.

Social Security Number ____ - ____ - ____

If you circled number 6-12 above, fill in your Employer Identification Number.

Employer Identification Number (EIN) ____ - ____

Certification -Under penalties of perjury, I certify that the information which I have provided on this form is correct.

Signature _____ Date _____